

**From:** committeerules@guamlegislature.org  
**Sent:** Friday, May 3, 2024 8:31 AM  
**To:** 'Clerks'  
**Cc:** 'Speaker Therese M. Terlaje'  
**Subject:** Messages & Communications Doc. No. 37GL-24-2036.  
**Attachments:** 05324 COMM Doc. No. 37GL-24-2036.pdf

*Håfa Adai* Clerk's Office,

Please see attached, **Messages & Communications Doc. No. 37GL-24-2036** for processing:

37GL-24-2036	Office of the Governor of Guam	<p>Reappointment and Supporting Documents for Gregory J. Cruz, Member, Guam Guam Board of Allied Health Examiners.*</p> <p>Reappointment and Supporting Documents for Gregory J. Cruz, Member (Respiratory Therapy Representative), Guam Board of Allied Health Examiners.*</p>
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Kindly reply to this email.



*si Yu'os ma'åse'*,  
 Beatrice Cruz  
 Committee on Rules Assistant  
**COMMITTEE ON RULES**  
 Senator Chris Barnett, Chairperson  
*I Mina'trentai Siette Na Liheslaturan Guåhan*  
 37<sup>th</sup> Guam Legislature

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**(HARD COPY) Messages and Communications for 37GL-24-2036**

2 messages

**Speaker Therese M. Terlaje** <speaker@guamlegislature.org> Fri, May 3, 2024 at 8:21 AM  
To: 37th Committee On Rules <committeeonrules@guamlegislature.org>, Legislative Secretary Amanda Shelton <officeofsenatorshelton@guamlegislature.org>

*Håfa adai,*

Please see attached M&C Doc. No. 37GL-24-2036

37GL-24-2036	Office of the Governor	Reappointment and Supporting Documents for Gregory J. Cruz, Member, Guam Guam Board of Allied Health Examiners.*
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*Si Yu'os ma'åse',*  
**Patsy Cruz**  
Office Manager



**Office of Speaker Therese M. Terlaje**  
Committee on Health, Land, Justice, and Culture  
I Mina'trentai Siette na Liheslaturan Guåhan 37th Guam Legislature  
Guam Congress Building, 163 Chalan Santo Papa, Hagåtña, Guam 96910  
☎ (671) 472-3586  
✉ senatorterlajeguam@gmail.com  
🌐 www.senatorterlaje.com

**37GL-24-2036.pdf**  
285K

**committeeonrules@guamlegislature.org** <committeeonrules@guamlegislature.org> Fri, May 3, 2024 at 8:22 AM  
To: "Speaker Therese M. Terlaje" <speaker@guamlegislature.org>, Legislative Secretary Amanda Shelton <officeofsenatorshelton@guamlegislature.org>

*Håfa Adai!*

Received and thank you.



*si Yu'os ma'åse',*

Beatrice Cruz

Committee on Rules Assistant

**COMMITTEE ON RULES**

Senator Chris Barnett, Chairperson

*I Mina'trentai Siette Na Liheslaturan Guåhan*

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

*37<sup>th</sup> Guam Legislature*

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[Quoted text hidden]



image001.png  
97K

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LOURDES A. LEON GUERRERO  
GOVERNOR



JOSHUA F. TENORIO  
LT. GOVERNOR

UFISINAN I MAGA'HĀGAN GUĀHAN  
OFFICE OF THE GOVERNOR OF GUAM

37GL-24-2036  
OFFICE OF THE SPEAKER  
THERESE M. TERLAJE

MAY 01 2024  
Time: 3:02 pm  
Received: [Signature]

April 9, 2024

Honorable Therese M. Terlaje  
Speaker  
*I Mina'trentai Siette Na Liheslaturan Guåhan*  
37<sup>th</sup> Guam Legislature  
Guam Congress Building  
163 Chalan Santo Papa  
Hagåtña, Guam 96932

OFFICE OF THE SPEAKER  
THERESE M. TERLAJE  
APR 26 2024  
Time: 12:06 pm  
Received: [Signature]

**RE: Board Reappointment**

*Håfa Adai* Madame Speaker:

By virtue of the authority vested in me pursuant to the Organic Act of Guam, 10 GCA § 12803, and all applicable laws, I am pleased to transmit the following reappointment and supporting documents:

- APPOINTEE: Gregory J. Cruz
- POSITION: Member, Guam Board of Allied Health Examiners
- TERM LENGTH: **Three (3) Years (From Date of Confirmation Appointment)**

The reappointment is subject to the advice and consent of *I Liheslaturan Guåhan*. Please schedule a hearing at your earliest convenience.

*Senseramente,*

LOURDES A. LEON GUERRERO  
*Maga'hågan Guåhan*  
Governor of Guam

37GL-24-2036  
Messages and Communications  
RECEIVED  
Committee on Rules  
May 3, 2024  
8:21 a.m.  
*Beatrice Cruz*

cc: *Honorable* Joshua F. Tenorio, Lt. Governor of Guam

LOURDES A. LEON GUERRERO  
GOVERNOR



JOSHUA F. TENORIO  
LT. GOVERNOR

UFISINAN I MAGA'HÅGAN GUÅHAN  
OFFICE OF THE GOVERNOR OF GUAM

April 9, 2024

**GREGORY J. CRUZ**

*Håfa Adai* Mr. Cruz:

Pursuant to my authority under the Organic Act of Guam, 10 GCA § 12803, and all other applicable laws, I am reappointing you to serve as a:

**MEMBER, GUAM BOARD OF ALLIED HEALTH EXAMINERS**  
**Respiratory Therapy - Representative**  
**Term Length: Three (3) Years (From Date of Confirmation Appointment)**

Your reappointment is a testament to your commitment to public service and your faithful execution of the great responsibilities that this position requires. I am confident that you will continue to fulfill your duties in a professional manner for others to follow. On behalf of the people of Guam, I extend my gratitude for your continued service in this important role.

As you are aware, this reappointment is subject to the advice and consent of *I Liheslaturan Guåhan*.

Should you have any questions, please contact Jean Taitano with the Office of the Governor at (671) 473-1121.

*Senseramente,*

A handwritten signature in black ink, appearing to read "Lourdes A. Leon Guerrero".

**LOURDES A. LEON GUERRERO**  
*Maga'hågan Guåhan*  
Governor of Guam

cc: *Honorable* Joshua F. Tenorio, Lt. Governor of Guam  
Chairperson, Guam Board of Allied Health Examiners

**LOURDES A. LEON GUERRERO**  
Governor



**JOSHUA F. TENORIO**  
Lieutenant Governor

**OFFICE OF THE GOVERNOR OF GUAM**  
**Nomination and Appointment Information Sheet**

The following information is required for submission to the  
Speaker of / *Liheslaturan Guåhan* in accordance with Title 4, Guam Code Annotated Section 2103

**NOMINEE INFORMATION**

<b>Last Name</b> Cruz	<b>First Name</b> Gregory	<b>Middle Initial</b> J
<b>Mailing Address</b> [REDACTED]		<b>Apartment/Unit #</b>
<b>City</b> [REDACTED]	<b>State</b> [REDACTED]	<b>Zip Code</b> [REDACTED]
<b>Phone</b> [REDACTED]	<b>E-mail Address</b> [REDACTED]	
<b>Position to which Appointment is Made</b> Member, Guam Board of Allied Health Examiners		
<b>Are you a citizen of the United States?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>If no, are you authorized to work in the United States?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

**EDUCATION**

<b>SCHOOL (Name, City and State)</b>	<b>DATES OF ATTENDANCE</b>	<b>TYPE OF DEGREE</b>	<b>YEAR EARNED</b>
<b>High School</b> Guam Adventist Academy Yona, Guam 96915	1975-1977		1977
<b>College</b> Loma Linda University	1977-1980	Associate of Science	1980
<b>Graduate School</b>			
<b>Other Degree</b>			

**EMPLOYMENT HISTORY**

<b>Name of Present/Last Employer and Mailing Address</b> Guam Memorial Hospital Authority 850 Gov. Carlos Camacho Road Tamuning, Guam 96913	<b>Position Title</b> Registered Respiratory Therapist
	<b>Dates Held</b> November 1991 to Present

<b>Previous Employer and Mailing Address</b> (currently employed) Guam Regional Medical City 133 Route 3 Dededo, Guam 96929	<b>Position Title</b> Respiratory Manager
	<b>Dates Held</b> November 2016 to Present

<b>Previous Employer and Mailing Address</b>	<b>Position Title</b>
	<b>Dates Held</b>

<b>Previous Employer and Mailing Address</b>	<b>Position Title</b>
	<b>Dates Held</b>

<b>Previous Employer and Mailing Address</b>	<b>Position Title</b>
	<b>Dates Held</b>

**PRIOR GOVERNMENT OF GUAM SERVICE**

<b>Agency or Department Name</b>		<b>Position Title</b>	
<b>Address</b>	<b>Phone No.</b>	<b>Dates Held</b>	

<b>Agency or Department Name</b>		<b>Position Title</b>	
<b>Address</b>	<b>Phone No.</b>	<b>Dates Held</b>	

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

**PRIOR GOVERNMENT SERVICE (EXCLUDING GOVERNMENT OF GUAM)**

<b>Agency or Department Name</b>		<b>Position Title</b>
<b>Address</b>	<b>Phone No.</b>	<b>Dates Held</b>

<b>Agency or Department Name</b>		<b>Position Title</b>
<b>Address</b>	<b>Phone No.</b>	<b>Dates Held</b>

**TRAINING**

<b>INSTITUTE/SEMINARS/ON-THE-JOB TRAINING</b>	<b>DATE</b>

**AWARDS**

<b>List all educational, professional, civic awards, and recognition for public service:</b>

**PROFESSIONAL INVOLVEMENT**

<b>List Involvement on a local/national/International level. List organizations, activities participated in, and offices held:</b>



### COMMUNITY / CIVIC INVOLVEMENT

**List organizations, activities participated in, and offices held:**

--

### PUBLICATIONS AND PRESENTATIONS

**List any published articles, papers delivered at professional meetings, etc.:**

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### MILITARY SERVICE (Please attach Form DD-214)

BRANCH	DATES OF SERVICE	RANK AT DISCHARGE	TYPE OF DISCHARGE
United States Army, Reserves	09/1990-08/1998	Specialist/E-4	Honorable

### OTHER INFORMATION

(1) Have you ever been found guilty of a felony in any court, whether within or without the United States?

Yes  No  If so, please specify in detail: \_\_\_\_\_

Address of the Court: \_\_\_\_\_

Date(s) of Conviction: \_\_\_\_\_

Specific Infraction Committed: \_\_\_\_\_

**(2) Have you ever been declared mentally incompetent by any court, whether within or without the United States?**

Yes  No  If so, please specify in detail the reasons and facts related to such declaration:

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**(3) Have you ever been found not guilty or not punishable in any criminal proceedings by reason of insanity?**

Yes  No

**(4) Have you ever been confined to a mental institution for any reason?**

Yes  No  If so, please specify in why the appointing authority believes you that you are not suffering from any mental illness or affliction:

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**LOURDES A. LEON GUERRERO**  
Governor



**JOSHUA F. TENORIO**  
Lieutenant Governor

**OFFICE OF THE GOVERNOR OF GUAM**

**Statement of Financial Interests**

(Required by 4 G.C.A. §13104.1)

**TO:**           The Honorable Lourdes A. Leon Guerrero  
Governor of Guam  
Ricardo J. Bordallo Governor's Complex  
Adelup, Guam 96910

**FROM:**       Gregory J. Cruz

- I have no financial interest in any business
- I do have interest(s) in the following business(es):

NAME AND ADDRESS OF BUSINESS INTEREST	TYPE AND AMOUNT OF INTEREST

*Gregory J. Cruz*  
\_\_\_\_\_  
Signature

03.29.2024  
\_\_\_\_\_  
Date

**AFFIDAVIT / DECLARATION UNDER PENALTY OF PERJURY**

I, the undersigned, do hereby depose and say that: (1) I have read and reviewed the information contained in the attached Appointment/Nomination letter from the Governor of Guam; (2) that the matters contained in the Appointment/Nomination letter, together with all attachments thereto, are true and correct and that I am competent to testify to said matters; and (3) that this Declaration is made for the purpose of complying with the requirements of 4 G.C.A. Section 2103.5.

I declare under penalty of perjury under the laws of Guam (4 G.C.A. Section 4308) that the foregoing is true and correct.



**Gregory James Cruz**

Print Name and Signature

**03.29.2024**

Date



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**Government of Guam**  
**GUAM POLICE DEPARTMENT**  
**RECORDS & IDENTIFICATION SECTION**  
P.O. Box 23909  
Guam Main Facility, Guam 96921

April 22, 2024

**SUBJECT: CRIMINAL HISTORY RECORD**

<b>NAME:</b>	Gregory James CRUZ		
<b>DATE OF BIRTH:</b>	[REDACTED]	<b>FINGERPRINT #:</b>	[REDACTED]
<input type="checkbox"/>	The individual has no record of criminal conviction(s) in the Guam Police Department files that are subject to Guam law.		

\*\*\*\*\*NOTHING FOLLOWS\*\*\*\*\*

*THIS INFORMATION MAY BE LIMITED TO A LOCAL CRIMINAL OFFENSE ONLY AND IS NOT INTENDED FOR USE FOR ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY*

*Handwritten mark*

By Direction: andrea

*Handwritten signature of Stephen C. Ignacio*

**STEPHEN C. IGNACIO**  
Chief of Police

The absence of an original GUAM POLICE seal invalidates this police clearance.  
REVISED 04-2019



# SUPERIOR COURT OF GUAM

Guam Judicial Center | 120 West O'Brien Drive | Hagåtña, Guam 96910 | (671) 475-3370 | Fax: (671) 475-0078

**Name:** GREGORY JAMES CRUZ

**Driver's License ID #:** [REDACTED]

**DOB:** [REDACTED]

## CERTIFICATE OF SEARCH

The undersigned Clerk hereby certifies the following results of a diligent search of the records of this Court:

**Criminal Cases:**  
**No Cases Found**

**Civil Cases:**

Request for further information may be addressed at the Records Division of the Superior Court of Guam, Guam Judicial Center, 120 West O'Brien Drive, Hagåtña, Guam. Hours of operation are Monday - Friday, 9:00 a.m. to 4:00 p.m. Closed Saturdays, Sundays and local/federal holidays. **Court Clearances are Non-Refundable.**

**Dated:**04/23/2024

**Janice M. Camacho-Perez**  
**Clerk of Court**

**By:** *Kristin M. Reyes*  
**Deputy Clerk I**

**Prepared by:** Kristin M. Reyes



The absence of an Original Court Seal Invalidates this document. 2603524